

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
THE CD-14 FCS FAMILY ASSESSMENT INSTRUCTIONS

PURPOSE:

The FCS Family Assessment (CD-14) and related tools (CD-14A, CD-14B, CD14C, CD-14D, CS-16c, CS-16d, CS-16-e and CPS-1A) make up a comprehensive assessment packet designed for on-going assessment and treatment with families. The CD-14 and related tools are designed to facilitate a family-centered approach to assessing family structure, strengths, supports and service needs.

The CD-14 is used in combination with the CD-14A Family Functioning Assessment/Re-Assessment (See related [CD-14A forms instructions](#)) for the initial assessment (completed within 30 days) for open Family-Centered Services (FCS), Family-Centered Out-Of-Home Care (FCOOHC) and preventive service cases. The CD-14A will be used for re-assessment every 90 days after the initial assessment. The CD-14 and CD14A are used to assist the children's service worker in:

- The process of the initial FCS, FCOOHC or preventive services family assessment;
- Making a determination regarding the immediate safety of the child(ren);
- A comprehensive assessment of a family's functioning;
- Identification of family strengths and needs that affect family functioning;
- Assessing level of risk in the household and;
- Summarizing the worker's activities during the process of assessment.

NUMBER OF COPIES AND DISTRIBUTION:

The number of copies and distribution will depend on the circumstances in which the tool is used.

Family-Centered Services and Family-Centered Out-Of-Home Care: Photocopies of the CD-14 are made and retained in the treatment section of the family's file for the purposes of reassessment and treatment.

Preventive Service and Other Referrals:

When a family is to receive services and there has been no child abuse/neglect report and no CA/N assessment, the tool is completed within 30 days of assignment and is filed in the treatment section of the family's file.

INSTRUCTIONS FOR COMPLETION:

FAMILY INFORMATION:

Initial Contact Case Priority: Put an X in the appropriate initial contact case priority level. This level is derived from the most recent (SDM) Risk Assessment. If the case referral was due to a CA/N investigation/family assessment, the score can be found in the most recent CPS-1. The initial contact case priority indicates the timeframe in which the worker is required to conduct the initial face-to-face interview with the family. Priority levels are as follows:

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and

- Low Risk - within ten (10) working days.

Case Name: Enter the name of the parent(s)/caretaker(s) for whom the assessment is completed.

County: Enter the county where the family resides.

Case Number: Enter the case number assigned to the designated head of household.

Address: Enter the address where the family resides.

Phone Number: Enter the phone number where the family can be reached.

Directions to the Above Address: Enter directions to the family's residence.

Worker Name: Enter the name of the worker conducting the assessment.

Worker Number: Enter the employee number of the worker conducting the assessment.

Supervisor: Enter the name of the worker's supervisor.

Case Assign Date: Enter the date the worker is assigned the case.

Assess Begin Date: Enter the date the worker begins the initial assessment with the family by face-to-face contact.

PARENTS:

- Mother's Name: Enter the name of the mother of the child(ren).
- Custodial/Non-Custodial: Put an X in the appropriate box.
- DOB: Enter mother's date of birth.
- Address: Enter Address of biological mother, if different from the household address.
- DCN: Enter DCN number for the biological mother.
- Telephone Number: Enter telephone number for the biological mother, if different from the household number.
- Father's Name: Enter the name of the father of the child(ren).
- Custodial/Non-Custodial: Put an X in the appropriate box.
- DOB: Enter father's date of birth.
- Address: Enter Address of biological father, if different from the household address.
- DCN: Enter DCN number for the biological father.
- Telephone Number: Enter telephone number for the biological father, if different from the household number.

CHILDREN:

- Enter the name of each child, the child's date of birth and DCN.

List Children with American Indian Heritage. Specify Tribe. Document all children in the case file who have American Indian heritage and indicate which tribe in which they belong.

Related Subject: [Section 4, Chapter 19](#) Special Populations – Native American and Refugee

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS:

Enter the full names, DCN, relationship to child, address and telephone number of any other family members/significant others. This includes any additional biological/legal parents of children or siblings. **List significant others who are frequently in the home, but may not reside in the home.**

SUMMARIZE HISTORY WITH THE AGENCY: Enter a brief description of prior reports of abuse/neglect, as well as a summary of concerns identified in unsubstantiated reports. Due to expungement criteria for unsubstantiated reports, incident numbers will **NOT** be listed here. Workers should use such phrases as *“Concerns have been identified in the past that include.”*, rather than stating “These concerns were from prior reports” in their documentation.

REASON FOR CD INVOLVEMENT: Enter reasons for CD involvement. This may be the result of case openings for CA/N reports, preventive service/safe keeping referrals or because juvenile court is giving CD legal custody prior to CD involvement.

FAMILY'S PERCEPTION OF CD INVOLVEMENT: Describe the family's perception/relationship to CD involvement. (Example: family was hostile/cooperative or family considers CD an asset/intrusive/indifferent...etc.)

SAFETY ASSESSMENT

Note: If a Safety Assessment has been done prior to this opening with a conditional safe or unsafe determination, do not complete this section. Instead complete a CS-16D, Safety Reassessment if one was not completed during the investigation/family assessment period. (See [CS-16D form instructions](#) for completion). Prior Safety Assessments can be found on page 2 of CPS-1 and the attached CPS-1A completed during the prior Investigation/Family Assessment and should be referred to during the CS-16D completion. The CS-16D should also be completed when a child returns home from placement; at the conclusion of the safety plan, or when new information becomes available indicated threats to safety.

Purpose of the safety assessment is to 1) help assess whether any children are in immediate danger of serious physical harm which may require a protecting intervention; and to determine what interventions should be maintained or initiated to provide appropriate protection.

Appropriate Completion:

The safety factors should be reviewed/referenced during the safety assessment process and the tool should be completed **immediately**. The safety assessment is made up of three sections parts of which are found in the **CD-14** and the **CPS-1A**:

- Section 1: Safety Factor Identification
- Section 2: Safety Response & Interventions
- Section 3: Safety Decision

The vulnerability of each child is considered throughout the investigation/assessment. Young children cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Section 1 has two parts:

- **Part A**, (*found in the CD-14*), requires that the worker consider each of the 12 behaviors and/or conditions listed and identify the presence or absence of each factor by circling either “yes” or “no.” **Answer each item as it relates to the most vulnerable child.**

(See [CPS-1A instructions](#) for Section 1 Part B, Section 2 and Section 3)

SAFETY REASSESSMENT TO BE COMPLETED BY: The supervisor will fill in the worker’s name, who will be filling out the safety reassessment (CS-16D). The supervisor will also check the **due date** which represents **both** the date the safety plan expires **and** the date in which the reassessment is due to occur.

Note: If a Safety Assessment has been done prior to this opening do not complete this section. Instead complete a CS-16D, Safety Reassessment, *if appropriate*. (See [CS-16D form instructions](#) for completion). Prior Safety Assessments can be found on page 2 of CPS-1 and the attached CPS-1A completed during the prior Investigation/Family Assessment and should be referred to during the CS-16D completion. The CS-16D should also be completed when a child returns home from placement; at the conclusion of the safety plan, or when new information becomes available indicated threats to safety.

DEFINITIONS:

1. Child(ren) is in danger because parent/caretaker’s behavior is violent or out of control.

- Extreme physical or verbal, angry or hostile outbursts at the child(ren) or between household members;
- Use or threatened use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding);
- Use of guns, knives, or other instruments in a violent or threatening way;
- Violently shakes or chokes baby or child(ren);
- Behavior that seems out of touch with reality, fanatical, or bizarre;
- Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).

2. Parent/caretaker describes or acts toward child(ren) in predominantly negative terms or has extremely unrealistic expectations.

- Describes child(ren) as evil, stupid, ugly, or in some other demeaning or degrading manner, or objectifies child(ren) (e.g. calling child(ren) “it” or “them”);
- Repeatedly curses and/or belittles child(ren);
- Parent/caretaker targets a particular child(ren) in the family by extreme placement of blame for family or community problems (e.g., truancy, delinquency, etc.);
- Expects a child(ren) to perform or act in a way that is impossible or improbable for the child(ren)’s age (e.g., babies and young child(ren) expected not to cry, expected to be

still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone);

- Child(ren) is seen by either parent as responsible for the parents' problems;
- Uses sexualized language to describe child(ren) or name calling (e.g., whore, slut, etc.).

3. Parent/caretaker caused serious physical harm to the child(ren) or has made a plausible threat to cause serious physical harm.

- Intentionally or by other than accidental means caused serious abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, significant bruises or welts, bite marks, choke marks, etc.);
- An action, inaction, or threat that would result in serious harm (e.g., kill, starve, lock out of home, etc.);
- Plans to retaliate against child(ren) for agency involvement;
- Use of torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance;
- One or both parent/caretaker fear they will maltreat child(ren) and request placement.

4. The parent/caretaker's explanation of an injury to a child(ren) is inconsistent with the nature of the injury and/or there are significant discrepancies between explanations given by parent/caretaker, other household members, or collateral contacts.

- Parent/caretaker's explanation for the observed injuries is inconsistent with the type of injury.
- Parent/caretaker's description of the causes of the injury minimizes the extent of harm to the child(ren).
- Medical evaluation indicates injury is a result of abuse and parent denies or attributes injury to accidental causes.

5. Parent/caretaker is currently refusing access to child(ren) or has refused access to children on prior interventions.

- Parent/caretaker has previously fled or made threats to flee in response to a present or past intervention.
- Parent/caretaker has history of keeping child(ren) at home, away from peers, school, other outsiders for extended periods.
- Parent/caretaker refuses to cooperate or is evasive;
- Child(ren)'s whereabouts are unknown.

6. Parent/caretaker has not, will not, or is unable to provide supervision necessary to protect child(ren) from potentially serious harm.

- Parent/caretaker does not attend to child(ren) to the extent that the need for supervision is unmet (e.g., although parent/caretaker or household member is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards);
- Parent/caretaker leaves child(ren) alone (time period varies with age and developmental stage);
- Parent/caretaker makes inadequate and/or inappropriate baby-sitting or child(ren) care arrangements or demonstrates very poor planning for child(ren)'s care;
- Parent/caretaker's whereabouts are unknown;
- Criminal behavior occurring in the presence of the child(ren) or the child(ren) is forced to commit a crime(s) or engage in criminal behavior.

- Parent/caretaker has not, will not, or is unable to protect child(ren) from violence against other family members.

Note: If the item is identified as a safety factor, indicate if the parent/caretaker's lack of supervision is due to:

<input type="checkbox"/> Alcohol or other drug use	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Physical, mental health or cognitive incapacity	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Other

7. Parent/caretaker is unwilling or unable to meet the child(ren)'s imminent needs for food, clothing, shelter, and/or medical or mental health care.

- No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods;
- Child(ren) without minimally warm clothing in cold months;
- No housing or emergency shelter; child(ren) must or is forced to sleep in the street, car, etc.;
- Parent/caretaker does not seek treatment for child(ren)'s imminent and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s);
- Child(ren) appears malnourished;
- Child(ren) has physical or behavioral needs which parent/caretaker cannot or will not meet;
- Child(ren) is suicidal and/or violent to self or others and the parent/caretaker will not or is unable to take protective action;
- Child(ren) displays serious emotional symptoms, serious physical symptoms, and/or a lack of behavior control which is believed to be a result of the child(ren)'s maltreatment.
- Parent/caretaker has removed child(ren) from a hospital against medical advice;

Note: If the item is identified as a safety factor, indicate if the child(ren)'s basic needs are unmet by the parent/caretaker due to:

<input type="checkbox"/> Parent/caretaker's physical, mental health or cognitive incapacity	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Child(ren)'s physical, mental health or cognitive incapacity	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Alcohol or other drug use	<input type="checkbox"/> Other

8. Child(ren) is fearful of parent/caretaker, other family members, or other people living in or having access to the home.

- Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes fear;
- Child(ren) exhibits severe emotional, physical or behavioral symptoms (e.g., nightmares, insomnia) related to situation(s) associated with a person(s) in the home;
- Child(ren) has fears of retribution or retaliation from parent/caretaker or household members.

9. The child(ren)'s physical living conditions are hazardous and immediately threatening.

Based on child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately dangerous. For example:

- Leaking gas from stove or heating unit;
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or easily accessible;

- Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters);
- Open windows or broken or missing windows;
- Exposed electrical wires;
- Excessive garbage, or rotted or spoiled food which threatens health;
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
- Evidence of excessive human or animal waste in living quarters;
- Guns and other weapons are accessible;
- Active meth labs;
- Vermin infestation (e.g., rats, roaches, etc.);
- Vicious animal(s) or excessive number of animals in the home pose a safety concern to the child(ren).

10. Child(ren) sexual abuse is suspected and circumstances suggest that child(ren) safety may be an imminent concern.

- Access by possible or confirmed offender to child(ren) continues to exist;
- Circumstances suggest that parent/caretaker or household member has committed rape or has had other sexual contact with child(ren);
- Circumstances suggest parent/caretaker or household member has forced or encouraged child(ren) to engage in sexual performances or activities;
- Non-offending parent/caretaker is unable/unwilling to protect the child(ren).

11. The parent/caretaker's maltreatment history is significant to the current circumstances, and suggest that the child(ren)'s safety is an immediate concern.
(Note: Prior incidents, in and of themselves, do not constitute a current safety factor.)

- Prior death of a child(ren) as a result of maltreatment.
- Prior serious harm to child(ren)- previous maltreatment by parent/caretaker that was serious enough to cause severe injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, and/or physical findings consistent with sexual abuse based on medical exam).
- Termination of parental rights- parent/caretaker(s) had parental rights terminated as a result of a prior CPS investigation.
- Prior removal of child(ren)- removal/placement of child(ren) by CPS or other responsible agency or concerned party was necessary for the safety of the child(ren).
- Prior CPS investigation with a probable cause finding
- Prior CPS investigation with an unsubstantiated finding- factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior threat of serious harm to child(ren)- previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against child(ren) for previous incidents' prior domestic violence which resulted in serious harm or threatened harm to a child(ren).

12. Other (specify): _____

If any safety factors are present, complete "SAFETY ASSESSMENT (Part B)" on the CPS-1A. If no Safety Factors are present, go to Section 3 of the CPS-1A.

The CPS-1A is a stand alone carbonated form that must be completed for every Safety Assessment. It is carbonated with a family's signature so that upon completion a copy may be

provided to the family. **The original white sheet should be given to the family and the canary copy should be attached to the CD-14. (See directions for the CPS-1A.)**

CPS-1A Completed and Attached: Put an X in the box if the CPS-1A was completed and attached to the CD-14.

The CPS Worker will complete the Safety Reassessment (CS-16D) tool:

- Prior to a child(ren) returning to the home following out-of-home placement during the investigation/family assessment period.
- At the expiration of the initial safety plan.
- On any case whenever new information becomes available that indicates a threat to the safety of the child(ren).

The CS-16D, safety reassessment tool is used to evaluate the status of child safety throughout the life of a case. It documents the resolution of safety factors previously identified on the initial safety assessment, the presence of any additional safety concerns, and whether a new/revised safety plan is required.

(See form instructions to complete the CS-16D, Safety Reassessment.)

FAMILY ASSESSMENT TOOLS

For a more detailed instruction in completing the Genogram, Ecomap, and Time Line, and Pattern of Behavior see the *Child Welfare Manual*, [Section 7, Chapter 25](#).

Genogram:

The Genogram section is completed in order to gain information regarding the structure and history of the family/household. It is important to know who makes up the family and who lives in the household. The genogram should cover *at least three generations*. This provides information that relates to behavior passed from one generation to the next, extended family support and conflict, and important historical information that may be related to present functioning.

It is important, in a comprehensive assessment of the family, to construct a genogram that includes extended family members and intergenerational information. The worker will include as much information as is needed in order to make a thorough assessment of the family. Names, ages, significant family events, marriage dates, etc., are examples of information to include. The worker must use his/her judgment in determining the extent to which a genogram will be used.

Questions 1 through 3 should be addressed in the body of the genogram and question 4 should be answered at the bottom of the page.

Ecomap:

The ecomap is completed for all family assessments to map the family system and its relationships with individuals and systems outside the family. Family systems may include recreation; faith/cultural; social/community; court system, housing; healthcare; employment; school/education; extended family; friends or other sources for family support not named. The ecomap will include important nurturing or conflictual connections between the family and environment. It also demonstrates the flow of resources, as well as resources the family needs that are conflictual or non-existent.

Recognizing the family's sources of strength and support are crucial. Not only is it empowering for the family, but these areas of strength will be utilized and built upon to support change in the family, when change is needed. The Ecomap will assist the worker to thoroughly explore the families unique personal characteristics including aspects of the person's racial, ethnic, and cultural background. The worker may also use information concerning conflictual relationships to act in the role of advocate and mediator to assist the family in better understanding and utilizing systems outside the family.

Careful attention should be given to assessing the family's financial needs and resources. This is particularly true when the reported concern(s) suggests that the child's basic needs are not being met. Although employment and day care needs can be assessed at any time, completing the ecomap with the family may naturally lead to a discussion about employment. The worker should explore the need for employment, financial assistance and day care if the family is experiencing unemployment, under-employment and/or receiving TANF and/or food stamps. Since public assistance is temporary, it is important to explore with the family a plan for long term self-sufficiency.

Questions 1 and 2 should be addressed in the body of the ecomap and question 3 should be answered at the bottom of the page.

Pattern of Behavior (Optional):

The Pattern of Behavior section is used to reveal specific information about family behavior that relate to care of the child(ren). The use of the pattern of behavior follows a process that begins in the initial contact with the family. This initial contact may be due to a report of child abuse/neglect, in response to out-of-home placement, in response to opening of family-centered services after a CA/N investigation, or in response to a referral other than CA/N (M, N, P, and A referrals).

In all initial contacts with families, regardless of the context of the contact, there is a need to explore concerns either reported as CA/N or for preventive services. The pattern of behavior is used to gain specific, chronological details regarding the family's behavior as it relates to care and safety of the child(ren).

In the initial contacts with the family the worker will use the pattern of behavior to gain behaviorally specific information regarding the following conditions:

- Specific "incidents" of CA/N that may or may not be repeated or on-going;
- Repeated or on-going CA/N that occurs in the day to day life of the family; and
- The child(ren) is safe and receiving adequate care.

In the event that no abuse/neglect is occurring, information from the pattern of behavior will illustrate the appropriate behaviors of the family, diagrammed in a sequential way, that show how the child(ren) is safe and is receiving adequate care. In this way, the pattern of behavior provides validity to the decision that a reported concern is not valid and there is no need for further involvement from CD or the community.

When it has been established through use of the pattern of behavior, that abuse/neglect is occurring, the tool can be utilized to diagram *exceptions to the abusive/neglectful behavior*. Working from a strength perspective, the pattern of behavior is used in conjunction with the Written Service Agreement (CD-14B). Behaviors that the family has experienced that are exceptions to the problem behavior are used as a *pattern* from which to model and use as a reference to design behaviorally specific goals. Change facilitated in this way is much more effective because the family has a frame of reference from which to operate that is based on positive, rather than negative behavior.

An example of a pattern of behavior is provided in the first section to provide the worker with a visual reference for the tool's most effective use.

MEMORANDA HISTORY: [CD05-72](#)